

NEVADA DEPARTMENT OF CORRECTIONS	SERIES 600 HEALTH CARE SERVICES	SUPERSEDES: AR 601 (10/27/02)
ADMINISTRATIVE REGULATIONS MANUAL	ADMINISTRATIVE REGULATION 601 QUALITY MANAGEMENT PROGRAM TEMP	EFFECTIVE DATE: 12/17/03

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PURPOSE

To pursue opportunities within the Department to continuously improve patient care and resolve identified problems in an effort to achieve optimal patient care in a cost-efficient manner.

To assure that health care provided to inmates is readily accessible, appropriate, and of a high quality.

To assure that health care providers practice in conformity with Health Care Institutional Procedures established by the Medical Director.

To assure compliance with recognized community standards of health care, as well as those of the American Correctional Association and the National Commission on Correctional Health Care.

To assure ongoing systematic evaluation of patient care practices, professional and clinical performance, and patient care services

AUTHORITY

NRS 209.131

DEFINITIONS

ASSESSMENT – Appraisal of a medically related problem or condition.

CONTINUOUS QUALITY IMPROVEMENT – A process by which health care issues are identified and resolved through objective and systematic monitoring.

CRITERIA – Predetermined objective elements of patient care used to measure extent, value, or quality.

INDICATOR – A measurable variable relating to the structure, process, or outcome of care.

MEDICAL RECORDS – All written medical, dental, mental health evaluations, radiology reports, photographs, laboratory reports, and other information generated to document the care, diagnosis, and treatment of disease.

MONITORING AND EVALUATION PROCESS – Ongoing examination of medical care provided, identification of deficiencies in the services delivered, and improvement of the quality of care as necessary.

MEDICAL PROBLEM – An aspect of health care services about which a question, concern, or deficiency has been identified.

OUTCOME OF CARE – Positive and negative, and short and long-term effects on a patient's health and functioning which are attributed to the care provided.

PROCESS OF CARE – Those functions carried out by practitioners, including assessment, planning of treatment, indications for procedures, and treatments and management of complications.

QUALITY MANAGEMENT PROGRAM – A structured program within the Medical Division of the Department to ensure continued quality improvement of medical services.

STRUCTURE OF CARE – All inputs into care, such as facilities, equipment, resources, or numbers and qualifications of staff.

RESPONSIBILITY

All medical Staff is responsible to have knowledge of and comply with this regulation.

APPLICABILITY

Applies to all medical, dental, and mental health services provided to inmates housed within the Department.

PROCEDURES

606.01 QUALITY MANAGEMENT PROGRAM

1.1 All Departmental staff providing health care services will participate in programs, which continuously assess and improve patient care.

1.2 The Director has the authority for making quality improvement decisions.

1.2.1 In making such decisions, recommendations may be received from the Medical Director, the Quality Improvement Specialist IV, and the Chiefs of Nursing Services and the Warden.

1.2.2 In emergency situations the Medical Division physicians or Institutional Wardens have the authority to make and implement decisions relating to quality improvement.

1.2.3 In non-emergency situations all medical, psychiatric, and dental matters involving medical judgment are the sole province of the responsible physician, mid-level practitioner, psychiatrist, and dentist respectively.

1.3 Methods

1.3.1 The Medical Director will:

- Oversee the Quality Management Program;
- Keep all parties informed about quality improvement standards, activities, and recommended actions;
- Act as liaison with accrediting bodies and outside agencies;
- Submit reports to the Director; and
- Annually submit the Quality Management Program to the Director for final approval.

1.3.2 The psychiatrists will function as liaisons with the Medical Director regarding mental health quality improvement activities.

1.3.3 Quality Improvement Specialist IV will:

- Coordinate the Medical Division's Quality Management Program;

- Function as liaison with the correctional facilities and the Medical Director;
- Submit reports to the Medical Director regarding quality improvement activities.

1.3.4 Health Care Professionals and Mid-level Practitioners, in conjunction with the Director of Nursing Services, will:

- Develop and implement a comprehensive Quality Improvement Plan which provides for systematic, ongoing, objective monitoring and evaluation of the quality of patient care;
- Appoint the institutional Quality Improvement Coordinator; and
- Submit reports to the Quality Management Program Office and the Warden regarding quality improvement activities.

1.3.5 Quality Management Committee

1.3.5.1 The Quality Improvement Committee at each institution will be developed by the Director of Nursing Services in conjunction with the Warden.

1.3.5.2 Each discipline will select its own representatives. Composition of committees will include, but is not limited to:

- Institutional Quality Improvement Coordinator, correctional staff, dentist, Director of Nursing Services, two Forensic Specialists (one medical and one mental health), infection control nurse, laboratory and/or radiology technician, Health Information Coordinator, pharmacist, physician, mid-level practitioner, psychiatrist, psychologist, substance abuse counselor, and the warden/designee.

1.3.5.3 The Committee will:

- Meet at least quarterly;
- Annually approve the Quality Management Plan of each institution ensuring compliance with the Quality Management Program. Each document will identify the most recent review/revision and signature of the reviewer; **(3-4329)**
- Review the quality assessment and improvement activities of each institution and take appropriate action; and
- Keep written minutes of the meetings.

1.4 Quality Improvement Plan

1.4.1 At each institution, all disciplines that provide direct medical care to inmates will participate in developing an annual Quality Improvement Plan and update it as necessary.

1.4.2 The Plan will be consistent with the Quality Management Program and will include a schedule of activities.

1.4.3 The process to monitor and evaluate care will include the clinical staff and consist of the following tasks:

- Define specific responsibility;
- Delineate the scope of care;
- Identify the important aspects of care;
- Identify indicators related to the important aspects of care;
- Establish thresholds for evaluation;
- Collect and organize data;
- Evaluate care when thresholds are reached;
- Take action to recommend improvement in care;
- Assess the effectiveness of actions and document improvement; and
- Communicate the results of the monitoring and evaluation process to relevant individuals, departments, and the organization-wide Quality Management Committee.

1.4.4 The number of required quality improvement evaluations per year, excluding reevaluations and statewide evaluations, will be:

- Infirmaries - six;
- Mental Health Units - six
- Outpatient Mental Health - six
- Dental - four

- Pharmacy - four

1.5 Confidentiality

- 1.5.1 All quality assessment and improvement documents, e.g., abstracts, trend sheets, problem work-sheets, reports, will be kept in locked files and shared with others only on a need-to-know basis or in accordance with the reporting mechanism established by the Quality Management Program.
- 1.5.2 No quality assessment and improvement documents will be included in patients' medical records.
- 1.5.3 Committee minutes will be kept in secure files at the office of the institution Quality Improvement Coordinator and the Medical Divisions Quality Improvement Specialist IV.

REFERENCES

ACA Standards 3-4329

ATTACHMENTS

None.

Jackie Crawford, Director

Date

Ted D'Amico, D.O., Medical Director

Date

CONFIDENTIAL

Yes

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No

THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.